

QUALITY AWARD

\$50

Presented to:		Recipient EIN:
Thank you for:		Recipient Org:
From:	Issue	er Org: Date:
Signature:	Bureau Director of Billing Low Org	Billing Low Org: Submit Award to Finance for Processing
\$50	Control Number	Entered into Payroll By: Date:
Utah Department of Health	QUALITY AW	/ARD \$50
		Recipient EIN:
From:	Issue	er Org: Date:
Signature:		Dilling Low One
	Bureau Director of Billing Low Org	Billing Low Org: Submit Award to Finance for Processing